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POWER OF ATTORNEY TO PRO	SECUTE	APPLI	CATIONS BEF	ORE	THE U	SPTC	<u></u>
hereby revoke all previous powers of attorney	y given in ti	ne applica	tion identified in th	ne atta	ched stat	ement	under
37 CFR 3.73(b). hereby appoint:				$\neg$			
Practitioners associated with the Customer Number			20306				
Practitioner(s) nemed below (If more than ten pata	nt practitioner	s ere to be r	amed, then e custome	r numb	er must ba u	used):	
Noma Noma	Registrati	Registration Neme Number		1			Registration Number
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as attorney(s) or agent(s) to represent the undersigned	1	Mod Claim	Petent and Trademark	Office (	USPTO) In	connact	ion with
as attorney(s) or agent(s) to represent the undereigned any and ell petient applications assigned only to the und attached to this form in accordance with 37 GPR 3,73(b). Please change the correspondence eddress for the app	).	fied in tha e					
The addrese associated with Customer Numb	oer:			]			
Firm or Individual Name							
Firm or Individual Name Address					710		
Individual Name		Stete			Zip		
Address Address		Stete			Zip		
Address City		Stete	Emali		Zip		
Lindrédual Name Address City Country Telephone Assignee Name and Address: Hoffmann-La Rochie Inc. 340 Kingsland Street Nutley, NJ 07110-1199 Assignee This Form, positive with a statement	nt under 37	CFR 3.73	(b) (Form PTO/SB/	96 or e	quivalent)	ls req	julred to k
Lindvious Name Address City Country Telephone Assignee Name and Address: Hoffmann-La Rocke Inc. 340 Kingsland Street Nutley, NJ 07/10-1199 A copy of this form, together with a statems filed in each application in which this form it the practitioners appointed in this form it and must identify tig application in which and must identify tig application in which	nt under 37 s used. Th e appointe his Power c	CFR 3.73 e statemer i practition of Attorney	(b) (Form PTO/SB/ nt under 37 CFR 3. ner is authorized to is to be filed.	96 or e 73(b) n	quivalent)	ls req nplete f the a	ulred to k d by one ssignae,
Address City Country Telephone Assignee Name and Address: Hoffmann-La Roche Inc. 340 Kingsland Street Nutley, NJ 07110-1199 A copy of this form, together with a statems filled in each application in which this form it the practitioners appointed in this form if the and must tidentify the application in which and	nt under 37 s used. Th e appointe h	CFR 3.73 e statemer i practition f Attorney	(b) (Form PTO/SB/ nt under 37 CFR 3. ner le authorized to le to be filed.	act o	quivalent) ay be cot n behalf o'	f the a	julred to b d by one ssignae,
Country Telephone  Assignee Name and Address: Hoffmann-La Roche Inc. 340 Kingsland Street Nutley, NJ 07110-1199  A copy of this form, opportunity the practitioners appointed in this form it the practitioners appointed in this form it the practitioners appointed in this form it the and must tidentify the application in which the	nt under 37 s used. Th e appointe h	CFR 3.73 e statemer i practition f Attorney	(b) (Form PTO/SB/ nt under 37 CFR 3. ner le authorized to le to be filed.	act o	quivalent) ay be cot n behalf o'	f the a	julred to be d by one ssignae,

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